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## BIB DATA SHEET

CONFIRMATION NO. 8408

<b>SERIAL NUMBER</b> 10/774,358	<b>FILING or 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> P/546-279 REISSUE	
<b>APPLICANTS</b> William Stern, Tenafly, NJ; <b>** CONTINUING DATA *****</b> This application is a REI of 09/776,537 02/02/2001 PAT 6,440,392 which claims benefit of 60/180,241 02/04/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/08/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MINA Acknowledged HAGHIGHATIAN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403					
<b>TITLE</b> Nasal calcitonin formulation					
<b>FILING FEE RECEIVED</b> 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		